



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Cy-Fair Chiropractic

Respondent Name

Metropolitan Transit Authority

MFDR Tracking Number

M4-17-1067-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

December 15, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: No position statement submitted.

Amount in Dispute: \$835.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Subject to further review, the carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 22, 2016	99203	\$335.00	\$0.00
May 3, 2016	99213	\$225.00	
May 31, 2016	99214	\$275.00	

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out requirements for medical bill submission by a health care provider.
3. 28 Texas Administrative Code §133.210 sets out medical documentation requirements.
4. 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.
5. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.

6. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.
7. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:

Date of service March 22, 2016/99203

- 29 – The time limit for filing has expired

Date of service May 3, 2016/99213

- 29 - The time limit for filing has expired
- W3 – Additional reimbursement made on reconsideration
- 193 – Original payment decision is being maintained. This claim was processed properly the first time

Date of service May 31, 2016/99214

- W3 – Additional reimbursement made on reconsideration
- 16 – Documentation does not support billed services
- 193 – Original payment decision is being maintained
- 150 – Payment adjusted because the payer deems the information submitted does not support this level of service.

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?

Findings

1. The requestor is seeking reimbursement for professional medical services rendered of three different dates of service, March 22, 2016, May 3, 2016 and May 31, 2016. Each date of service and submitted code are reviewed as follows:

March 22, 2016, Code 99203. The carrier denied as 29 – “The time limit for filing has expired.”

Review of submitted medical claim finds a creation date of July 6, 2016.

28 Texas Administrative Code §133.20 (g) states,

Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier.

28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.” Texas Labor Code §408.0272(b) provides that:

Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

- (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:
 - (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
 - (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
 - (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Even though a corrected, “down-coded” claim was submitted this is not one of the exceptions described in Texas Labor Code §408.0272.

For that reason, the health care provider was required to submit the medical bill not later than 95 days after the date the disputed services were provided.

Texas Labor Code §408.027(a) states that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that:

Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

- (1) the date received, if sent by fax, personal delivery or electronic transmission or,
- (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.

Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for Code 99203, date of service March 22, 2016, pursuant to Texas Labor Code §408.027(a).

May 3, 2016, Code 99213. The carrier denied as 29 – "The time limit for filing has expired."

Review of the submitted medical claim finds a creation date of September 1, 2016. As stated above 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

Even though a corrected, "down-coded" claim was submitted this is not one of the exceptions described in Texas Labor Code §408.0272.

For that reason, the health care provider was required to submit the medical bill not later than 95 days after the date the disputed services were provided. Therefore, the carriers' denial is supported.

May 31, 2016, Code 99214 - "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family."

The carriers' denied as 16 – "Documentation does not support billed services."

28 Texas Administrative Code §133.210 (c)(1) states in pertinent part,

In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation:

- (1) the two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes;

Review of the submitted documentation titled "Follow-up Evaluation" dated May 31, 2016

- History level based on '95 Guidelines: Expanded Problem Focused
- Exam Level (95): Expanded Problem Focused
- Level of Decision Making: Straightforward

Based on the above the Division finds the carrier's denial is supported as the documentation requirements of the submitted code (99214) was not met.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	January 5, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.